



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE METROCENTER
NASHVILLE, TENNESSEE 37243

TENNESSEE BOARD OF DENTISTRY
(615) 532-3202 or 1-800-778-4123
www.Tennessee.gov/health

Course Evaluation Form for Individual Licensees/Registrants Seeking Approval of Continuing Education Courses

Licensees or Registrants may seek approval to receive credit for successfully completing continuing education courses which are not approved by the Board or an association or organization listed in Rule 0460-1-.05(3)(d). This form must be submitted within thirty (30) days after successful completion of the course to be considered for approval by the Board. Forms received after thirty days of the course completion will automatically be denied.

Name of Licensee/Registrant: _____

Tennessee License/Registration Number: _____ Profession: _____

Mailing Address: _____

Home Telephone Number: (____)_____ Work Telephone Number: (____)_____

Name of Course Taken: _____

Format of Course: _____ Lecture _____ Audio/Audiovisual _____ Correspondence (Home Study)

Date Course Successfully Completed: _____ (Attach a copy of certificate received)

Location of Course: _____ (If correspondence, location is "home")

Number of Hours of Credit: _____ (Hours listed on certificate)

Name(s) of Lecturer or Author: _____

(If no lecturer/author listed on material, copies of information on the organization which developed the course must be included)

Qualifications/Resume of Lecturer(s) or Author(s): _____

(Or attach copies of brief resume or qualifications if available)

Course Description: _____

Was a written examination given at the end of the course? _____ Yes _____ No



Certification of Course Completion

I hereby certify that all information included in this Form is true and correct to the best of my knowledge and belief. I also certify that I successfully completed the course for which I am requesting approval and I attended the lecture for the entire number of hours of credit requested or I successfully passed the written examination required for course completion.

SIGNATURE

DATE

Sworn to before me this _____ day of _____, _____.

NOTARY PUBLIC

Affix Seal Here

My Commission Expires _____